

**CLAIMS ONLY**

**Application Number**

10/074827

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	9					
Total Depend	30					
Total Claims	39					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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